



Records Destruction Authorization

INSTRUCTIONS: Complete the form (in ink) using the Records Retention Manual Schedules and forward to Business Services for approval. When the approved copy is returned to you, destroy the records, date, sign, and file the copy.

School/Department _____ Date _____

Name or Description of Records	<u>Period Covered</u> From Through		Minimum Retention Period	Disposition Authority Number	Records Manual Page Number	Remarks

Destruction of the Above Listed Records:

Requested by _____ Title _____ Date _____

BUSINESS SERVICES APPROVAL:

Approved by _____ Title _____ Date _____

Destruction of the above listed records was completed by means of _____

Date of Destruction _____

Destruction witnessed by _____ Title _____